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SPONTANEOUS PTYALISM.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

C., between 30 and 40 years of age; not married; catamenia regular. July, 1857, had feeling of coldness in left thorax, referred to the heart; strength remained, and she did her work, being a house-maid. This heart trouble continued for several months. In January, 1858, had very severe heartburn, at which time the coldness in the chest entirely ceased. Accompanying this heartburn were nausea and vomiting, following every meal, for six weeks, when spitting of a dense, opaque, white frothy mucus, or saliva, began—night and day, most at night—resembling froth on milk at milking. This came up in the throat, when it was ejected without cough. After it had stood, the froth disappeared, and the substance exactly resembled thick, clear arrow-root gruel. In the morning, the white matter was streaked with blood, occurring in the first raising in the morning, and going off soon after. Has been attended by Dr. ——, who treated her case as dyspepsia. She came under my care about two months ago, her spit being still bloody in the morning. Having tried bismuth and other means, among which was the chlorate of potassa, in full doses, for a few days, the last with some benefit, she got the nitrate of silver with opium in pills, after which, for a few days, the bloody raising ceased. The white frothy matter continued to be spit as freely as ever. She then got the following pills (this was the 28th of May), and this evening, June 4th, gives me the above report of her case, adding that she has lost much flesh. ℞. Opii, gr. vi.; cupri sulphat., gr. i. M. Ft. pil. No. vi. One at bed time, and a half one in the morning.

Reported next day, a good night, with very little spitting; has been daily improving to the present date, June 4th. At times, no raising for four hours or more. Before this, was constantly spitting, so as often to interrupt speaking. She has had some measure of the quantity raised, using a vessel to receive it, and says it was daily from one to two quarts. Says that for the last week the spit has had a taste similar to that produced by holding a cent in her mouth. Says, in addition to above symptoms, that she has had

sense of weakness at the stomach, accompanied by a soreness which extended quite to her throat. Has for the past week felt very little of these troubles. Her appetite, which had much failed, has improved in the last week. She feels altogether like a different person from what she was a few weeks ago. Directed her to take half a pill, night and morning, for three days, and then half a pill only at bed time—her nights having from the first been most disturbed by spitting.

June 20th.—Spitting has entirely ceased. The appetite is good. Food produces no trouble. Patient reports herself as in perfect health, and is gaining flesh.

Cases, resembling the above, have before come under my care. Spontaneous ptyalism is an occasional sign, and may be a disease of pregnancy. It becomes the last in its excess, and in the difficulty of checking or removing it. It disturbs sleep. It diminishes or destroys the appetite. In C.'s case, above, it was not easy to get down enough food for sustenance. There was at times nausea, and sometimes vomiting. These accompany it in pregnancy. When the cupri sulphas was used, the stomach was quiet; and neither nausea nor vomiting was produced by doses which not infrequently produce both. Did its combination with opium prevent these? May it not be used, in the same preparation, in other functional disturbances of the stomach, whether from reflex function, or from organic lesion?

Other cases have come under my care, without the existence of pregnancy, and so resemble closely that of C. These have long resisted treatment, and have at length worn themselves out.

CAUSTIC POTASH AS AN APPLICATION TO THE INTERIOR OF THE UTERUS.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ONE case of this operation, performed in February, 1857, is already on record.* A second is now reported.

The patient, Mrs. B., was sent me by Dr. McIntire, of Goshen, N. H., in January, 1858. The usual symptoms of intra-uterine polypus were present, of long standing and increasing; the disease had been properly diagnosticated, and the necessity of operating decided upon.

On dilatation by tents, I found that the mass was fibrous, sessile, wholly above and within the inner sphincter, and attached laterally, or could not be surrounded by ligature, nor grasped by forceps or the chain of an écraseur. I therefore decided on the application of caustic potash.

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* Boston Medical and Surgical Journal, Nov., 1857, Vol. LVII., p. 289.

Being about to be absent for some months from this part of the country, I returned the patient to the care of my friend, of whose skill, good judgment and courage, ample evidence had been given me in previous cases, with directions to lessen, if possible, the bulk of the tumor, by milder caustics, and then apply the more powerful agent. On returning, I received from Dr. McIntire, by letter dated June 24th, the intelligence that he had followed my instructions, and that his patient was cured. A portion only of the tumor could be removed by the milder agents, but the more obstinate remainder had yielded to the potash, and was entirely obliterated. The disease has shown no tendency to return, and the cervical canal is left free.

An experience of only two cases cannot be considered as positively conclusive of the safety of this operation. At the time it was first proposed, in April, 1856, I stated, and still remain of the opinion, that the use of the potash should be confined to the diseased surface, wholly or as much as possible, for this is enjoined by common sense; and that it should be resorted to only where safer measures are useless or impossible. These conditions have obtained in both Dr. Jones's and Dr. McIntire's cases; and in the one the operation has been followed by a partially, and in the other, thus far, by a wholly successful result.

7 *Chester Park, Oct. 1st,* 1858.

FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 138.]

Results.—Eight times I have found the arm shortened, from half an inch to one inch, or a little more.

Muscular anchylosis is almost always present when the apparatus is first removed, and it is seldom completely dissipated until after several months; but I have found more or less anchylosis at seven and nine months, and twice after the lapse of three years the motions of the joint have been very limited. A few years since, I examined the arm of a gentleman who was then 27 years old, and who informed me that when he was 4 years old he broke the humerus just above the condyles. There still remained a sensible deformity at the point of fracture—he could not completely supine the arm. The whole arm was weak, and the ulnar nerve remarkably sensitive. The ulnar side of the forearm, with the ring and little finger, are numb, and have been in this condition ever since the accident. I know the surgeon very well who had charge of this case, and I have no doubt that the treatment was carefully and skilfully applied.

In June, of 1850, I operated upon a lad, 9 years old, by sawing

off the projecting end of the upper fragment, whose arm had been broken nine months before. This fragment was lying in front of the lower, and the skin covering its sharp point was very thin and tender. There was no anchylosis at the elbow-joint, but the hand was flexed forcibly upon the wrist, the first phalanx of all the fingers extended, and the second and third flexed. Supination and pronation of the forearm were lost. The forearm and hand were almost completely paralyzed, but very painful at times. The median nerve could be felt lying across the end of the bone.

In the hope that some favorable change might result to the hand by relieving the pressure upon the nerve, yet with not much expectation of success, I exposed the bone and removed the projecting fragment. The nerve had to be lifted and laid aside. About one year from this time I found the arm in the same condition as before the operation.

Non-union is a result not so frequent in fractures at this point as higher up; but Stephen Smith, of the Bellevue Hospital, New York, reports a case of non-union in a young man of 23 years. He was admitted to the hospital on the seventh day after the accident. The fracture was simple and transverse, yet at the end of four months he was dismissed "with perfectly free motion at the point of fracture."* The failure to unite was attributed to a syphilitic taint.

A case was recently tried in the Supreme Court at Brooklyn, N. Y., in which, after a simple fracture at this point, the arm being dressed with splints and bandages, the little finger sloughed off, in a condition of dry gangrene, and the adjacent parts of the hand were attacked with humid mortification. Drs. Parker and Prince believed that this serious accident was the result of bandages applied too tightly and suffered to remain too long, while Drs. Valentine Mott, Rogers, Wood, Ayres, Dixon and others, believed that the gangrene might have been due to other causes over which the surgeon had no control.†

A few years ago a similar case occurred in the town of Spencer, Tioga Co., N. Y.; a boy, 6 years old, having broken his humerus just above the condyles. The fracture was oblique. The surgeon who was called to treat the case was an old and highly respectable practitioner. I am not informed of the plan of treatment any farther than that a roller was applied. On the eighth day, a second surgeon was employed, who, finding the hand cold and insensible, removed all of the dressings; after which the thumb and forefinger sloughed, with other portions of the skin and flesh of the hand and arm. The surgeon who was first in attendance was prosecuted, and the case was tried in the Supreme Court of that County, but the jury found no cause of action. Dr. Hawley, of Ithica, and the late Dr. Webster, of Geneva Medical College, tes-

* S. Smith. New York Journal of Medicine, May, 1857, p. 386, Third Series, Vol. ii.
† New York Medical Gazette, Vol. xii., pp. 46, 80, 111.

tified that, in their opinion, the death of the fingers was owing to the pressure of the fragment upon the brachial artery, and not to the tightness of the bandages.

Dr. Gross has also informed of still another case of the same character, which occurred in Warren Co., Ky. A boy, 10 years old, had broken his arm above the condyles, and his parents having employed a surgeon residing at some distance, the dressings were applied, and directions given to send for the surgeon whenever it became necessary. The parents saw the arm swell excessively, and knew that the boy was suffering very much, but did not notify the surgeon until the tenth day, when the hand was found to be in a condition of mortification, and at length amputation became necessary.

Long afterward, in the year 1851, when the boy became of age, he prosecuted his surgeon, but with no result to either party beyond the payment of their respective costs.

While I would not deny that in all of these cases the sloughing might have been solely due to the tightness of the bandages, against which cruel and mischievous practice we cannot too loudly disclaim, a knowledge of the anatomy of these parts, and the opinions of the very distinguished gentlemen who testified in defence of these surgeons, must compel us to admit the possibility of such accidents where the treatment has been skilful and faultless.

Treatment.—The splints generally employed in this country, in fractures about the elbow-joint, are simple angular side splints, without joints, such as those recommended by Physick.*

Angular pasteboard splints, felt, gutta percha, &c., or angular splints with a hinge, such as Kirkbride's,† Thomas Hewson's, Day's, or Rose's, or the more perfect and elegant angular splint of Welch.

Kirkbride's splint, which has been used in the Pennsylvania Hospital in several instances, is composed of two pieces of board, connected together by a circular joint, and having eyes on the inner edge, two inches apart, and holes through the splint at graduated distances between them. There is also a swivel eye, passing through the upper part of the splint, and reverted below. A wire is fastened to the swivel, and bent at right angles at its other extremity; of a size to fit the eyes and holes in the splint. This splint, properly supported by pads, is to be placed either upon the outside or inside of the arm, and secured by rollers. When the angle is to be changed, the wire is unhooked and removed to another eye, or to some of the intermediate holes upon the side of the splint. Dr. Kirkbride reports two cases of fracture of the lower part of the humerus treated by this plan, one of which resulted in anchylosis, but the other was much more successful.

For myself, I generally prefer gutta percha, moulded and ap-

* Elements of Surgery, by John Syng Dorsey, Philadelphia Edition, Vol. i., p. 145.
† American Journal of Medical Sciences, Vol. xvi., p. 315.

plied accurately to the limb, in the same manner as I have already directed in fractures of the surgical neck and shaft of the humerus, except that it shall be extended beyond the elbow to the wrist, so as to support the whole length of the arm, elbow and forearm. Some experience in the use of wooden angular splints has convinced me that they cannot be very well fitted to the many inequalities of the limb; and neither pasteboard nor binder's board have sufficient firmness, especially in that portion which covers the joint. Angular splints, furnished with a movable joint, possess the advantage of enabling us to change the angle of the limb at pleasure, and of keeping up some degree of motion in the articulation without disturbing the fracture or removing the dressings; but their cross bars render them complicated, and are always in the way of a nice application of the rollers, while they are equally liable to the objection stated against angular wooden splints without joints, viz., that they seldom can be made to fit accurately the many irregularities of the arm, elbow and forearm. Welch's splints, made of a material possessing a slight amount of flexibility, and concave toward the limb, approach more nearly the accomplishment of these indications than any other manufactured splint with which I am acquainted, but the number of cases in practice to which they are applicable will be found to be limited, while gutta percha has no limit in its application.

Whatever material is employed, a pretty large pledget of fine cotton batting ought to be laid in front of the elbow-joint, to prevent the rollers from excoriating the delicate and inflamed skin, and great care should be taken to protect the bony eminences about the joint, or, rather, to relieve them from pressure, by increasing the thickness of the pads above and below the prominences.

At a very early day, so early, indeed, as the seventh or eighth day, the splint should be removed, and while the fragments are steadied, gentle, passive motion should be inflicted upon the joint. This practice should be repeated as often as every second or third day, in order to prevent, as far as possible, anchylosis. If much swelling follows the injury, it is my custom to open the dressings, without removing the splints, on the second or third day after the accident, or at any time when the symptoms admonish us of its necessity. Occasionally, it is well to change the angle of the splint before reapplying it. If the angular splint, with a movable joint, is used, slight changes may be made while the splint is on the arm, but if the angle is much changed without removing the rollers, they become unequally tightened over the arm and may do mischief.

When anchylosis has actually taken place, we may more or less overcome the contraction of the muscles and of the ligaments by passive motion, or by directing the patient to swing a dumb bell, or some heavy weight in his hands, as first recommended by Hildanus.

§ 7. *Fracture at the base of the Condyles, complicated with Fracture between the Condyles, extending into the Joint.*

This fracture, which is but a variety or complication of the preceding fracture, is even more difficult of diagnosis; and its signs, results and proper treatment differ sufficiently to demand a separate consideration.

I have recognized the accident four times. Confined to no period of life, it seems to be the result of a severe blow inflicted directly upon the lower and back part of the humerus, or upon the olecranon process. Dr. Parker, of New York, was inclined to regard an obscure accident about the elbow-joint, which he saw in a lad 16 years old, as a longitudinal fracture of the humerus, with separation of one condyle, but which had been occasioned by a fall upon the hand.* For myself, I should regard this latter circumstance as presumptive evidence that it was not a fracture of this character, yet I do not mean to deny the possibility of its occurrence in this way.

Its characteristic symptoms are, increased breadth of the lower end of the humerus, occasioned by a separation of the condyles; displacement upward and backward of the radius and ulna; crepitus and mobility at the base of the condyles, with crepitus also between the condyles, developed by pressing the condyles together; or, when the radius and ulna are drawn up, by restoring these bones first to place by extension, and then pressing upon the opposite condyles; shortening of the humerus.

Its consequences are, generally, great inflammation about the joint, permanent deformity and bony anchylosis. An opposite result must be regarded as fortunate, and as an exception to the rule.

Of its treatment, we can only say that it must be chiefly directed to the prevention and reduction of inflammation, at least during the first few days. Nor is this inconsistent with an early reduction of the fragments, and moderate efforts, by splints and bandages, such as we have directed in case of a simple fracture at the base of the condyles, to keep the fragments in place. No surgeon would be justified in refusing altogether to make suitable attempts to accomplish these important indications; but he must always regard them as secondary when compared with the importance of controlling the inflammation.

When splints are employed, the same rules will be applicable, both as to their form and mode of application, as in cases of simple fracture above the condyles.

The following examples will more completely illustrate the character, history and proper treatment of these cases, than any remarks or rules which we can at present make.

A woman, living in this city, æt. 44, fell upon the sidewalk in

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* Parker. New York Journal of Medicine, Nov., 1856, p. 391, Third Series, Vol. i.

January, 1850, striking upon her right elbow. I saw her a few minutes after the accident, but the parts about the joint were already considerably swollen, and it was not without difficulty that the diagnosis was made out. The forearm was slightly flexed upon the arm, and proned. On seizing the elbow firmly, a distinct motion was perceived above the condyles, and a crepitus. I could also feel, indistinctly, the point of the upper fragment. While moderate extension was made upon the arm, the condyles were pressed together, when it was apparent that they had been separated. On removing the extension, they again separated, and the olecranon drew up. She was in a condition of extreme exhaustion, and the bones were easily placed in position.

An angular splint was secured to the limb, and every care used to support the fragments completely, but gently.

From this date until the consummation of the treatment, the dressings were removed often, and the elbow moved as much as it was possible to move it.

Seven months after the accident, the elbow was almost completely anchylosed at a right angle. The fingers and wrist also were quite rigid. Six years later, the anchylosis had nearly disappeared; she could now flex and extend the arm almost as much as the other: the wrist-joint was free, and the fingers could be flexed, but not sufficiently to touch the palm of the hand. The line of fracture through the base could be traced easily, but the humerus was not shortened. There was, moreover, much tenderness over the point of fracture through the base, and at other points. Occasionally, a slight grating was noticed in the radio-humeral articulation. She experienced frequent pains in the arm, and especially along the back and radial border of the ring finger. During the first year or two after the accident, the arm perished very much, but although the hand remained weak, the muscles were now well developed.

[To be continued.]

PHARMACY IN EDINBURGH, THE NORTH OF ENGLAND, &c.

THOUGH a stranger in a strange land, I have found among the fraternity of the pestle and mortar a sort of Freemasonry, which has given me great advantages in my inquiries into the pharmacy of Great Britain, and has established me in some friendships which, I am sure, will long survive my return to America. The existence of petty prejudices and national jealousies between England and America, two great families of a common stock, is, I am sure, greatly on the decline; and the influence of extended trade, of consanguinity, increased by constant emigration, and of social and friendly intercourse by means of travel, is gradually wearing off that feeling of indifference, if not disfavor, with which they may have been wont, in times past, to regard each other's interests.

The pharmaceutical profession never could have shared largely in this feeling. American pharmacy was the direct offspring of that of Great Britain. It is, indeed, only of recent time that the pharmacy of the French has exercised so considerable an influence upon us; and the other nations of Continental Europe, though some of these have been represented in America by isolated shops in the large cities, have never materially modified our general practice. Our pharmacopœia was framed upon the basis of that of London, with modifications drawn from those of Edinburgh and Dublin, besides such new features as were rendered necessary to adapt it to our peculiar wants; and the United States Dispensatory, which is our standard work of reference, both with physicians and pharmaceutists, gives almost equal prominence to the British Pharmacopœias with our own. It is with great respect, then, that I address myself to the task of drawing an outline of British pharmacy, beginning with the *Scotch*, as I have not yet seen much of London and the South; and if any comparisons should suggest themselves, I shall feel in duty bound to treat the trans-Atlantic brethren, with whom I have had the pleasure of mingling, as a dutiful son should treat the parent from whom he has drawn his being and many of his peculiarities.

A casual observer will be struck, at first glance, with an apparent difference in the business here and in America, in the omission of so great a display of fancy and extraneous stock, from the Edinburgh shops especially; it seems as if they were more strictly confined to *dispensing* medicines than ours. The windows are almost invariably occupied with large bottles, either emblematic of, or actually containing, standard medicines, such as rhubarb, cinchona, &c.; these, arranged behind fine plate glass, which is here almost universal, are sometimes very handsome, and certainly more appropriate insignia of the business than urinals, bed-pans, blacking, whisk brooms, &c., so often seen in ours. The large bottles of colored water, so universally employed from time immemorial, are, of course, very seldom omitted in a country so riveted to time-honored customs.

The soda-water business, as conducted in America, is here almost unknown—entirely so in the pharmaceutical stores, except that some, especially the country druggists, sell the article in bottles. It appears to me the improvement and general introduction of this beverage on draught in respectable stores would be a great means of lessening the enormous consumption of whiskey in this country, though, on the whole, it can hardly be regretted, in the professional view of the case, that pharmaceutists are spared the annoyance of a business which, though not entirely extraneous, has comparatively little real connection with dispensing medicines, while in a climate so little subject to intense heat, and where ice is comparatively scarce, it might be much less profitable than with us.

The observation here made in regard to the display of fancy stock in drug stores, must not be understood to imply a different practice in regard to most of the articles of our trade, outside the materia medica, from what we are accustomed to; perfumery and toilet articles in great variety, essences for cooking, gelatine in various forms, the starches, and very often tea and coffee and "sweets," enter into the stock of the pharmaceutists.

There is, I should say, a smaller assortment of quack medicines kept on hand by the pharmaceutists than with us, and much less display of the advertisements of these. Several that are most conspicuous here just now date from America, where they have completely run out. The necessity of putting a government stamp upon every packet of medicine recommended for any particular disease, quite limits the success of preparations of this class.

The American pharmaceutist is much struck with the absence of upright brass scales, whether on the counter for retail sales or that devoted to compounding prescriptions; the British pharmaceutist generally keeps a pair of scales with steel beam, copper pans, and brass chains, hanging up, sometimes perhaps out of sight, and in weighing holds the scales in one hand while he adjusts the weights and the article to be weighed with the other. That he can be content with what appears to us so inconvenient a method of performing the most common manipulation of the shop, is a constant source of wonder to those accustomed to the use of scales with the upright stand.

The fitting of the shops, I should say, is in general rather superior to ours in finish, though less cheerful and striking. Mahogany drawers have never been superseded by white glossed ones; the counter tops are more often of handsomely-polished mahogany than of marble or oil-cloth—the panel work in front is generally of mahogany, or grained in imitation of some natural wood. The location of shops on the corners of the streets, which in some parts of our country is almost universal, and in Philadelphia used to be thought essential to success, is here rather unusual than otherwise, the well-known mortar and pestle projecting over the door being the sign to indicate to the passer-by the place where physic is to be had.

In regard to the profit of the business, I fear it is little better, as a general rule, in the "old country" than at home; the prices in Edinburgh are ruinously low, worse than in any place I know of in America. That an intelligent pharmaceutist should devote the necessary time and care, to say nothing of the material and use of apparatus, to compounding a prescription, however small, for *two pence* (four cents), shows a state of things most unfavorable to the progress of our profession, and yet such is the case in the best stores in Edinburgh. I have never seen dispensing more uniformly neat and creditable than in these very stores. I know of none where compounding a prescription should command a more liberal fee.

The pharmaceutists in the country towns in the North of England, I have generally found intelligent and well-educated men, who would compare very favorably with the same class in America; they deserve a better and more remunerative business than I fear generally falls to their lot; the heavy copper coins that fall into their tills in exchange for the well-selected articles of materia medica that they so carefully wrap and label, form but a slim aggregate at the end of their day of toil and confinement in the shop. One fashion, hereaway, I most heartily approve—that is, the observance of moderate and very reasonable hours: they "shut up" before nine o'clock in the evening, an hour which seems very early here, where the twilights are so long as to extend the days for hours after sunset. On the whole, the pharmaceutists here are as prosperous, as well as I can judge, as those similarly situated in "the States"; they are perhaps somewhat too numerous for the population, and suffer from the competition of a class happily almost unknown in our larger towns, the so-called general practitioners, or surgeons who keep their own medicines, and thus come directly in collision with the interests of the regular pharmaceutist.

The class of *apothecaries*, as they exist in some parts of England, and which, I believe, are a grade below the general practitioners in education and social position, are almost unknown in the North; and it is to be hoped that the practice of medicine will be more and more divorced from the practice of pharmacy, to the mutual advantage of both professions.—*Correspondence of the American Druggists' Circular.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

August 9th.—*Short Umbilical Cord.* Dr. Minot showed the specimen. Delivery occurred at the eighth month, and the fœtus was malformed. The funis measured *eight inches* in length. There was no deficiency in the parietes of the abdomen.

Dr. Ayer mentioned a recent case of his, where the umbilical cord was less than a foot—probably nine or ten inches—in length. The presentation was natural, and when the fœtal head pressed on the perinæum, as the pain ceased, retraction or resilience was perceptible. This occurred repeatedly. It was evident to him that the progress of labor was retarded thereby. He had noticed similar phenomena in other cases, where the cord was preternaturally short, or was wound around the neck or body of the child. In a few cases, so marked was the resilience of the head at the subsidence of the pains, that he had diagnosticated, to himself, the difficulty. A short cord doubtless retards labor, and occasionally causes other embarrassments. Some modern obstetrical authorities ignore the subject—others disbelieve

it. Denman, whose authority in all practical details cannot be questioned, says:—"It [the cord] may be naturally very short, or it may be rendered so accidentally, by its circumvolution around the neck, body, or limbs of the child. Whichsoever of these is the case, the inconvenience produced at the time of labor is the same, that is, the labor may be retarded; or perhaps the placenta may be loosened prematurely; or the child may, in a tedious labor, be injured, or in danger of being destroyed by the tightness of the ligature drawn about its neck; or by the mere stretching of it, as this must necessarily lessen the diameter of the vessels, if not perfectly close their cavity. But the two latter consequences very seldom follow."

Dr. Minot alluded to a case that occurred two years ago, in which it was necessary to divide the cord, which was around the neck of the child, to allow delivery to take place. It measured about ten inches in length.

AUGUST 23d.—*Osteo-Cancer of the Femur.* Dr. TOWNSEND reported this and the two following cases.

The patient, C. S., was a male, aged 15. Three months since he felt pain and noticed a swelling in the left popliteal region, which continued until the space was completely filled. The leg was amputated; after the operation the periosteum retracted, leaving the bone denuded for an inch above the section.

AUGUST 23d.—*Myeloid Disease of the Ankle-Joint.* The patient, E. M., was a female, aged 34. Six months ago, she observed a tumor on the left external malleolus, which appeared to be an enlarged bursa. This tumor was two inches in diameter, and arose from the inside of the joint. After its removal, the astragalus was exposed. The disease was that termed, by Paget, myeloid disease.

AUGUST 23d.—*Encephaloid Disease of the Head of the Radius.* The patient, M. C., was a seamstress, aged 31. Five months ago, she observed a swelling on the back of the right wrist. At the time of the amputation, this was conical in shape, ulcerated on its surface, and about an inch in height. Her grandmother had cancer; her parents are healthy. Upon opening the tumor after amputation, it was found to be encephaloid in its nature, the head of the radius being destroyed.

SEPT. 27th.—*Inflammation of the Sublingual Gland.* Dr. COALE reported the case.

C. B. F., æt. 45, was troubled for a week with sore throat, tenderness of the parotids, and signs of a generally inflamed condition of the contiguous parts, especially the glands. This at last concentrated itself into a violent inflammation of the sublingual gland. Inside, the swelling was level with the teeth. Outside, the face was elongated an inch by a peculiarly hard resisting tumefaction. Scirrhus is the only thing which would give an idea of the hardness of this. There was a moderate degree of pain; great "drooling" of saliva from the gland. Not much pain, but great discomfort from the bed of the tongue being so filled by tumefaction as to oust that organ, and require the mouth to be kept open. At night, this increased, the saliva going down the throat, and wakening the patient by getting into the larynx. The treatment consisted in blisters and gentle mercurial alteratives. On the third day, flocculi of pus were discharged with the saliva, though there was no pointing or collection of pus. The cure was complete in nine days from first seeing the patient.

Bibliographical Notices.

Medical Communications of the Massachusetts Medical Society. Vol. IX., No. IV. 1858. Second Series, Vol. V., Part IV. Boston: Printed by David Clapp. 1858. 8vo. Pp. 297.

The number of the "Communications" for this year contains the Address by Dr. Horatio Adams, of Waltham; a Report on the Zymoses of 1857, as they occurred in the Middlesex East District Society, by Dr. Ephraim Cutter, of Woburn; a Description of the Anterior Splint of Dr. Nathan R. Smith, by Dr. Cutter; the Proceedings of the Councillors and of the Society, the Treasurer's Report, Lists of Deceased Members, of New Members, and of officers. The volume is of unusual interest.

The subject of Dr. Adams's Address is investigations upon the efficacy of Vaccination. It is based upon original researches and experiments, and is one of the most valuable papers on this subject, so far as we know, ever published. The object of the writer is to ascertain how far vaccination is to be looked upon as a means of protection against smallpox, whether this protection is less effectual than formerly, whether the virus has deteriorated with time, and how far a failure of its protective influence is to be ascribed to an improper or imperfect manner of performing the operation of vaccination. Several years since, Dr. Adams vaccinated all the persons at that time in the employment of the Boston Manufacturing Company, at Waltham, numbering between five and six hundred. The appearances of each case were carefully noted down at the time of making the examinations, and were arranged in tabular form, from which the conclusions were drawn which are contained in the address. We can only state these conclusions in the briefest manner, generally employing the language of the writer.

It appears that of all the persons who underwent a second vaccination, less than nine per cent. seemed to show, as to the time of development, any great approach to the true disease, and the least susceptibility seems actually to have existed among those whose vaccination was the most remote. The same general fact has been observed by others. Dr. Otto, a German physician, found by experiments on one hundred and eighty-nine persons who underwent vaccination a second time, that about eleven per cent., only, gave evidence of any great susceptibility to the disease, and that the smallest number of these was actually those in whom the first vaccination was least recent. So that the facts adduced do not sustain the theory of the gradual elimination, by time, of the protective influence of vaccination. On the contrary, it appears that the susceptibility to the disease, under a second vaccination, is not greater at the end of twenty-five years, than it is at the end of one year.

A theory has been advanced, that the alleged more frequent failure of vaccination to protect the system against smallpox infection is owing to the virus now in use having become deteriorated by its frequent transmission through human bodies. No sufficient proof has ever been brought forward to establish the truth of this theory, and the vesicle, when proper care has been taken in the selection of the lymph, and in the choice of the subject to be vaccinated, has the same general and specific appearance that it had thirty years ago. Moreover,

the constitutional affection is believed to be as great now as it was then. In order to test this important question, Dr. Adams undertook to obtain virus by inoculating the cow with variolous matter. On the 11th of January, 1840, he inserted lymph taken from a smallpox vesicle into several punctures made with a lancet in the labium pudendi of two different cows. Two of these inoculations were successful, in one of the animals, the vesicles having every appearance of the vaccine disease. On the 11th, a child was vaccinated with matter taken from this cow, and on the 27th the vesicle exhibited the characteristic marks of the true cowpox, on the sixth day of the disease. Many persons were subsequently vaccinated with matter taken from this cow, and in every instance the true vaccine disease was the result. This is believed to be the first successful experiment of the kind in this country.

The chief source of the failure of the protective energy of vaccination is believed by Dr. Adams to be the imperfect manner in which the operation is performed. The lymph should be selected from a perfectly-formed vesicle, in a healthy subject, at the proper period, and the recipient should also be free from disease, or even from any nervous and irritable condition of the system, such as is occasioned by teething, for instance. When the operation has been properly performed, as in the military service, it appears that there is no more susceptibility to the infection of smallpox than in subjects who have actually had the latter disease. Dr. Adams believes that a greater immunity from the disease is secured in proportion to the number of vaccine vesicles formed, and hence recommends that a larger number of punctures should be made than is customary.

A curious fact stated by Dr. Adams is, that the susceptibility to smallpox appears to be increased during certain periods of an individual's life; due, not so much to any deterioration or elimination of the protective power of the vaccine disease, as to some physiological changes which take place in the system during maturation, for after this process has been completed, the susceptibility disappears, and the original "protectedness," as it is sometimes called, of the individual becomes established. Dr. Marson, of the London Smallpox and Vaccination Hospital, says that the largest number of patients admitted into that institution are between the ages of fifteen and twenty-five. Dr. Adams believes this may be accounted for by supposing that during this stage of physical activity, the early vaccination was insufficient to keep pace with such rapid development, but that at maturity it again assumed its control, and the original equilibrium was established. A re-vaccination at the age of ten or twelve would, he thinks, in all probability cover the increased susceptibility due to this period of active development. The author's observations have led him to the conclusion that it is of the utmost importance that the first vaccination should be performed with great care; that if the susceptibility to receive smallpox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed.

The space which we have devoted to the analysis of Dr. Adams's

paper compels us to be brief in our notice of the other communications. The Report on the Zymoses of Middlesex County for 1857, embracing the towns of Melrose, Reading, Stoneham, West Cambridge, Wilmington, Winchester, Woburn and Burlington, is an elaborate and valuable paper, well worthy of imitation. Two tables are appended to it, the first containing a summary of the returns, with the percentages of mild, severe and fatal cases for each disease; and the second showing, by means of lines of different characters, the variations in the prevalence of cholera infantum, dysentery, influenza, typhoid fever and scarlatina.

The *anterior splint* of Dr. Nathan R. Smith, which forms the subject of the third communication, is recommended for its simplicity, cheapness and effectiveness. It is made of iron wire, and is applied by means of bandages to the anterior surface of the limb only. The limb is suspended; the extension is effected by the obliquity of the suspensory cord, while the weight of the body produces the counter-extension.

Appended to this number is a blank report for zymotic diseases, which the Secretary was directed to furnish to all the Fellows, in order that returns for those diseases, as they occur in each member's practice during the year 1858, may be supplied to make a report on zymotic diseases for 1858. We earnestly hope that the Fellows will assist in this very desirable object, by recording the cases which they may observe, under the proper headings contained in the blanks. By a reference to one's day-book, or visiting list, the number of cases can easily be ascertained, and recorded without trouble. If the returns should be tolerably full, we shall have a good statistical account of this class of maladies in our State, during the present year, which will be of practical value to every physician.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 14, 1858.

TREATMENT OF CHOREA.

We have been much interested in reading a report by M. T. Gallard on a thesis presented to the *Société Médicale d'Emulation*, of Paris, by the author, M. Moynier. The work is pronounced by M. Gallard as the most complete in France on the subject of *chorea*, and, to judge from his analysis, a translation would be an acceptable addition to our literature on that subject. Our object in referring to the work now, is to offer a few remarks on the treatment of that very obstinate affection, and especially on the treatment by strychnia, so highly praised by M. Trousseau. The author is in favor of this method, which he supports by reference to the duration of treatment required to effect a cure in a given number of cases. The advantage in favor of strychnia does not, however, appear to be very great, in female patients, over sulphur baths and gymnastic exercises, the medium duration being from 33 to 35 days. In respect to boys, according to the estimate of M. Moynier, the treatment by strychnia gave an average of 74 days, that by baths and exercise being 87 days. But, according to M.

Gallard, the latter series includes several cases whose extreme length of duration is wholly exceptional, and which ought to be eliminated from the calculation. In comparing together a series of cases, especially if the number be not very large, one or two differing from the rest in a great degree may render the average quite incorrect; but in this instance 16 out of 27 cases were prolonged far beyond the normal term, which averages 69 days in cases not subjected to treatment. By selecting two series of cases, the one cured in less than 30 days, and the other cured in less than 45 days, both of which may be supposed to have been favorably influenced by treatment, M. Gallard finds that sulphur baths and gymnastics are more efficacious than strychnia. We believe that he speaks the truth when he says, "these calculations seem to demonstrate one thing, that it is very doubtful whether any treatment has much effect in chorea," and hence the most innocuous should be chosen.

In a discussion which followed the reading of the report, the employment of tartrate of antimony was highly praised by M. Gillette, who had obtained 37 cures in 58 patients by means of it. We are not informed what was the duration of his cases. He employs it in the following manner: the first day he gives two grains, in divided doses, one dose every hour; if the vomiting is excessive, the intervals are lengthened, or the medicine is suspended. The second day the amount is increased to five grains, the third day to six grains. The vomiting and purging then generally cease. The medicine is then omitted for three or four days. There is a decided improvement in the condition of the patient. The remedy is then resumed for three days, in the dose of 5, 10, 15 grains a day. After another interval of repose of three days, the dose is increased to 6, 12 and 40 (!) grains. After this, there are no more irregular movements, and the cure is "consolidated" by the ordinary means, especially gymnastics and sulphur baths. A case was cited by another member, in which the patient, a feeble child of 14 years, with the most violent form of the disease, took from 6 to 12 grains of tartar emetic daily. The movements diminished from the first, and the cure was "almost complete" on the fifth day. Such heroic practice would find but few advocates among us, but we believe that equally beneficial results might be obtained from a more moderate dose.

Within a few days we have been shown a preparation of iron and strychnia, which would seem to be well adapted for the treatment of this disease. It is a citrate of iron and strychnia, and was made by Dr. James R. Nichols, chemist, of this city. It is a very beautiful salt, in transparent scales of a garnet color, but darker than citrate of iron. The dose is about three grains, which contains one sixteenth of a grain of strychnia. We have had no opportunity of trying this salt, and are glad that Dr. Nichols has placed it within reach of the profession. The remedy has been extolled in London as beneficial in cases of atonic dyspepsia, and in amenorrhœa and chlorosis.

NEW BOOKS AND NEW EDITIONS.

THE medical press is now teeming with new and valuable works, and improved editions of old ones. The numerous students who are about to commence their winter labors will find the supply of text-books unusually large, and for sale at such prices as will place them within reach even of those in the most moderate circumstances. From

Philadelphia and New York come shoals of books to supply the great demand which exists for them, and even Boston has put forth a few works, which, though they do not compare in size with those issued from the larger cities, are not behind them in the originality and value of their contents. Among the immense number contained in the catalogue of Messrs. Blanchard and Lea, we note, as worthy of special attention, Bucknill and Tuke on Insanity, Dunglison's Medical Lexicon (fifteenth edition), Graham's Chemistry, Montgomery on Pregnancy, Watson's Practice of Medicine, Wilson's Anatomy, and West on the Diseases of Females (second part). Wiley & Halstead, of New York, have just issued Dr. Green's Select Prescriptions of American Practitioners. From Messrs. S. S. & W. Wood we have a translation of Braun on Uræmic Convulsions; and from Lindsay & Blakiston, Morris on Scarlet Fever. This comprises but a small part of the works recently published, but the list will serve as a sample of the rest.

We observe with pleasure that there is a marked improvement in the style of printing medical works in this country, whether owing to the prevalence of a better taste among purchasers, or to increased facilities for mechanical execution, we cannot say; but certain it is, that while the appearance of the books is vastly better than it used to be, the prices have rather diminished than increased. At the same time every facility for obtaining them exists, since in most instances the publishers are willing to send them by mail, post paid, on receiving the price. A good medical library now really costs but little in this country, and if the profession fail to profit by the liberal offers of the publishers, it is their own fault. In one respect we also notice a great improvement; we mean the engravings, which have now become a necessary part of all works on some of the departments of medical science. They are much better executed, and much better printed than was the case, even a few years ago. We may cite the recent edition of Wilson's Anatomy, the engravings of which, including a large number which now appear for the first time, are really beautifully done. The same may be said of that invaluable work which no practitioner can afford to be without—Watson's Practice.

No better evidence could be offered of the progress of medical science in our country, than the number and value of medical works which are circulated to so great an extent among us. The greater part are sound and practical, the offspring of patient research, of talent and of genius, which must have a powerful and beneficial influence upon our art. While we recognize the great advance in science which has created the demand for them, we are not unmindful of those who have made them so easy of access to us.

USELESS MEDICAL FORMULÆ.

An immense number of formulæ for the treatment of various diseases and symptoms of disease are copied, from journal to journal, and doubtless often tried, without much regard being paid to their character, or to the effects they are likely to produce. A year or two ago, some one recommended the tincture of benzoin as a perfect cure for fissures of the nipple, and it was wonderful to see with what energy the medical press caught up the cry; it would seem as if an epidemic of the disease had been spreading over the whole earth, and that the prospect of a cure was hailed with admiration, for the report came to us from every journal in the country, besides being repeated in many

foreign periodicals. Several months ago, we noticed in a foreign journal a remedy recommended by a Dr. Van Holsbeek for hæmorrhoids, consisting of sulphur, extract of nux vomica and sugar, made into lozenges with tragacanth. Dr. Van Holsbeek certainly cannot be said to be a physician "who suits his physic to his patients' taste." Happening to have an obstinate case of the disease under our care at that time, we caused some lozenges to be made according to the formula, but before administering them to the patient we had the curiosity to taste one ourselves, and found it to be so intensely bitter that we knew no one could possibly eat a whole one; and so it proved. The patient could not be persuaded to touch the remedy after the first nibble. Now a combination of nox vomica and sulphur may be very useful in piles, and might be taken if given in the form of a pill, but we defy any one to eat one of Dr. Van Holsbeek's lozenges, although the dose is two the first day, increasing daily until six are taken, when the cure (it is said) will generally be complete. Probably the remedy never was tried, but was only recommended as being likely to do good, and this we fancy is the case with a large proportion of the formulæ which are copied from one journal to another. The original prescription of the lozenges we speak of is to be found in the *Presse Belge*, 1857, No. 19. We publish our experience with this preparation, believing that the profession will be benefited by learning what formulæ, out of the great number which are urged upon their attention, are not worth the trial.

The Ether Controversy.—The papers which have appeared in our last two numbers on the much mooted question of the claim for the honor of the discovery of the anæsthetic properties of sulphuric ether, recall to us an article which was published in this JOURNAL for Sept. 17, 1857, by an eminent physician of this city, in which the writer, after alluding to the disposition of Congress to reward the discoverer of this great blessing to humanity, and its embarrassment in deciding who the discoverer is, proposes, in the following words, that an appropriation should be shared between the two claimants, Drs. Jackson and Morton:

"Most respectfully would we suggest that Congress be addressed in a memorial, asking for such an appropriation from the National Treasury, to be awarded equally to the two claimants for the discovery of the anæsthetic properties of sulphuric ether, as would show the sense America has of the benefit it has received, and conferred by this discovery upon the world. Should either party object to such an award, let the whole appropriation be given to the other."

The Medical and Surgical Reporter.—This journal, which was originally a quarterly, and afterward a monthly, and the publication of which was removed last May from Burlington, N. J., to Philadelphia, is henceforth to be issued weekly. The first number of the new series was published on the 1st instant, and is called the "student's number," being chiefly devoted to notices of the different schools and hospitals of Philadelphia. The *Reporter* now contains sixteen pages in double columns, and will appear every Friday, at three dollars per annum. It will remain, as heretofore, under the editorial charge of Drs. S. W. Butler and W. B. Atkinson.

VALERIANATE OF AMMONIA.

A CORRESPONDENT at Port Huron, Mich., makes some inquiries concerning the valerianate of ammonia, which we will endeavor to answer to the best of our ability. This salt is prepared with difficulty, and is kept with difficulty, owing to the extreme facility with which it deliquesces. For this reason it can conveniently be dissolved, either in water or syrup, and in this form is much more easy of administration. Its deliquescent property is a great objection to employing it in the form of pill. The dose is from one to five, six, and even more grains. Those who dispense their own medicines should always procure the salt, which may be obtained of the wholesale druggists in any of our cities, and make the solution themselves. The anhydrous article should be kept in carefully-stopped bottles. The chief effects which have been noted from its administration are those of an antispasmodic, sedative and anodyne. It has been greatly praised for its efficacy in neuralgia, and in some cases it seems to be very efficacious in that disease. In dysmenorrhœa it is said to have a most favorable effect. We have given the medicine a pretty fair trial, both in hospital and private practice, and consider it a valuable anodyne, but uncertain, and inferior to opium. In cases with hysterical complication, it often gives great relief, and hence its efficacy in dysmenorrhœa. In a case of severe tic douloureux, complicating otitis, the patient, a lady 25 years of age, took it in doses of five, six, eight grains and upward, every three hours, with great relief, and we know several women who take it habitually at the menstrual period, to relieve their sufferings. In obstinate cases of sciatica, rheumatism and other painful affections, in which we have tried the valerianate of ammonia, we have found it inferior to opium, as an anodyne, and have abandoned it for the latter article. An objection to its use is its high cost.

We will endeavor to reply to our correspondent's other queries, in the next number.

Catalogue of Dr. Mott's Museum.—We have received a pamphlet of 78 pages, comprising a catalogue of the valuable museum of Dr. Valentine Mott, and of his son, Dr. Alexander B. Mott. This collection contains over a thousand specimens, most of which were obtained by surgical operations, but many are illustrations of anatomy; and the prize dissections, for which the Mott medals are awarded, are annually added to the museum. The printed catalogue will be useful to those engaged in the subject of pathology, and will serve to render this monument of the science and skill of Dr. Mott more extensively known.

Health of Providence.—The city of Providence, like our own, seems to be blessed with an unusual share of health the present season. During September there were but 85 deaths, being 18 less than during the preceding September. The number of deaths from summer complaints, however, was larger than in September, 1857. Dr. Snow, the City Registrar, says :—"The months of July, August and September, comprising the third quarter of the year, are usually much more sickly than other portions of the year, in this as well as in other cities. Usually, more than one third of all the deaths during the year occur in this quarter. The past quarter has been a remarkable exception to this rule, the number of deaths having been considerably less than during the first or second quarter."

Anaphrodisiac Properties attributed to Belladonna.—Dr. J. F. Huestis, of Mobile, Ala., in a letter to Dr. B. Dowler, of the *New Orleans Medical and Surgical Journal*, states that while giving belladonna to a gentleman afflicted with whooping cough, the patient noticed that, during the whole time he was taking it, "he was unable to accomplish even an erection." He suggests the applicability of this article in cases of chordee. He had himself used it with perfect success in a case of distressing nocturnal emissions.

Treatment of Gonorrhœa.—Dr. Heustis also recommends the following method of treating gonorrhœa, as one which has proved successful in his own practice. R. Creasot., gtt. x.; acid tannic., gr. x.; aquæ, oz. iv. M. Inject. four times a day, retaining each injection a minute or two—washing out the urethra with cold water before using it. In connection with this, the following balsam-mixture is used. "R. Copaiba, spts. æther. nitros, spts. lavend. comp., aq. calcis, each one ounce; tinct. opii, two drachms; sacch. alb., six drachms; ft. mist. S. Teaspoonful morning and noon, and two teaspoonfuls on going to bed, first shaking the mixture well each time."

Dr. Guggenbuhl's Institution for Cretins.—This institution, located on the Abendberg, 3000 feet above the level of the sea, in Switzerland, has been often alluded to in the pages of this JOURNAL. A letter from G. J. R. Gordon, Esq., late Her Majesty's Minister Plenipotentiary in Switzerland, to the editor of the London *Times*, gives a very unfavorable account of its present condition, and attributes its decline in no small measure to the neglect and long-continued absences of Dr. G. The government of the Canton of Berne have called upon him for an explanation and defence of his conduct, and insist that hereafter his patients be removed from the present unsuitable establishment on the Abendberg, during the winter months, to the milder climate of the Interlaken valley.

Medical Miscellany.—The buildings to be occupied by the new Shelby Medical College, in Nashville, Tenn., are completed, and will be used for the public lectures the ensuing month. Many of the preparations and specimens for the museum have also been received.——M. Von Humboldt, of Berlin, has lately attained his ninetieth year. The congratulations which poured in upon him, on his birthday, were numerous and ardent. His fifth volume of *Kosmos* is soon to appear, when it is said to be his opinion that his life will close.——M. Aime Bonpland, who accompanied Humboldt in his first expedition to the New World, has lately died at San Borja, in South America, at the age of 85 years.——A circular from New Orleans, signed by J. G. Seymour, President of the New Orleans Associated Press, dated 7th inst., admonishes strangers to keep away from that city till the yellow fever abates, as the "epidemic is now sustained by new comers." Still later accounts represent the mortality from the disease as not at all abated.

Health of the City.—The weekly returns still exhibit a remarkable contrast to the mortality of the last year at this season, only 65 deaths being reported (3 of which were accidental), instead of 96. The mortality from consumption and from dysentery is nearly the same as last year. There were but 2 deaths last week from cholera infantum, and 1 from pneumonia; in 1857, 10 from cholera infantum, and 6 from pneumonia.

MARRIED,—In this city, 7th inst., Dr. H. D. Osgood, of Waterville, Me., to Miss Hattie A. White, of Boston.—6th inst., Dr. Martin Fuller, of Charlestown, to Miss Mary T. Bell, of Boston.

Communications Received.—Treatment of Puerperal Mania by Veratrum Viride.

Books and Pamphlets Received.—Selections from Favorite Prescriptions of Living American Practitioners. By Horace Green, M.D., LL.D., &c.—Lectures on the Diseases of Women, Second Part. By Charles West, M.D., &c.—A System of Human Anatomy, General and Special. By Erasmus Wilson, F.R.S. New Improved American Edition, edited by William H. Gobrecht, M.D., &c.—Lectures on the Principles and Practice of Medicine. By Thomas Watson, M.D., &c. New American Edition, with Additions by D. Francis Condie, M.D., &c. (From the publishers.)

Deaths in Boston for the week ending Saturday noon, October 9th, 65. Males, 30—Females, 35.—Accident, 2—apoplexy, 1—asthma, 1—consumption, 17—convulsions, 5—cholera infantum, 2—dysentery, 6—dropsy, 1—dropsy in the head, 6—drowned, 1—debility, 1—infantile diseases, 3—puerperal, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 1—disease of the liver, 2—marasmus, 2—old age, 2—palsy, 1—poisoned, 1—teething, 2—thrush, 1—whooping cough, 2.

Under 5 years, 29—between 5 and 20 years, 1—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 37—Ireland, 21—other places, 7.

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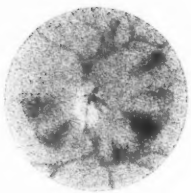

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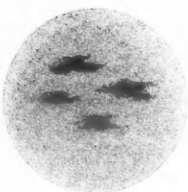

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